## BEST AVAILABLE COPY

	PATENT A	APPLICATIO Effect	RD		1 10	2 -	9 500						
CLAIMS AS FILED - PART I								SMALL ENTITY OTHER THAN					
TO	TAL CLAIMS		(Column 1)		(Column 2)		TYPE		<u> </u>	OR	SMALL		
			16				RA		FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			/6 _minus 20=		* Ø		X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS					7/	<u> </u>		2=	42.0	ΩR	X84=	e	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT	4.1.2			+140=		/	OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TO	AL	412.0		TOTAL		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
(Column 1) (Column 2) (Column 3							SMA	ALL I	ENTITY	OR	SMALL	ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	X4	2=		OR	X84=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	n-		OR	+280=		
											TOTAL		
								TOTAL OR TOTAL ADDIT. FEE					
	•	(Column 1)			mn 2) HEST	(Column 3)			ADDI	1	f	A D D I	
DMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		= .	X\$	9=		OR	X\$18=		
AMEN	Independent	*	Minus	***		=	X4	2=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	Λ-			+280=		
	AE									OR	TOTAL		
										OR	ADDIT. FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RA	ΓΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MQ	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	X4:	 2=			X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						,			OR			
	If the entry in cal-	ımn 1 is loss than	the entry in co	Jumn 2 umi	te "O" in co	olumn 3	+14			OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **ODIT. FEE										OR	TOTAL ADDIT. FEE	L	
"	The "Highest Nu	mber Previously Pa	aid For" (Total	or Indepen	dent) is the	e highest number	found in 1	he ap	propriate bo	x in co	olumn 1.		